

Declaration of Consent for care in the midwife-led delivery room

The inclusion and exclusion criteria for care in the midwife-led delivery room were checked by the midwives at the appointments during the pregnancy and at the admission examination. It was determined that I have no reasons that would prevent me from being cared for in a midwife-led delivery room.

I would like to take advantage of the opportunity to be cared for exclusively by midwives and pediatric nurses during the birth until I am transferred to the mother-child ward after the birth or discharged as an outpatient.

If, for organizational or staffing reasons, it is not possible to give birth in the midwife-led delivery room, my birth will be attended by an interdisciplinary team.

Should problems or irregularities occur during the course of the birth, the midwife in charge will consult a senior physician or a specialist and transfer me to the interdisciplinary delivery room.

I am aware that I can revoke this declaration of consent at any time and without giving reasons.

I have had ample opportunity to ask questions, which have been answered to my satisfaction. I have no further questions at this time.

I have received a copy of the declaration of consent. has taken place declined

Place, Date

Surname, first name

Signature of the pregnant woman

Surname, first name

Signature of the midwife

I hereby confirm that I have been informed of the following by the midwife and the senior physician or specialist:

- A birth in a midwife-led delivery room is a low-intervention birth without strong painkillers and under the exclusive care of a midwife.

Possible medical reasons for transfer to the interdisciplinary delivery room may include:

- Exceeding the due date, which makes induction of labor necessary
- Need for painkillers
- New risks that have arisen during pregnancy
- New risks or pathologies arising during the birth (e.g. pathological CTG, stalled labor, emergency situation for mother and child)
- New risks or pathologies occurring after the birth (e.g. placenta retention, high blood loss, complicated birth injury, adaptation disorder of the child)
- I was informed about possible medical measures carried out after transfer to the interdisciplinary delivery room (e.g. caesarean section, vacuum extraction, micro blood test, abrasio, transfusion).

Place, Date

Surname, first name

Signature of the pregnant woman

Surname, first name

Signature of the midwife

Surname, first name

Signature of specialist or senior physician